

Concern over inappropriate diagnosis and treatment of thyroid problems

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More and more people are being inappropriately diagnosed and treated for underactivity of the thyroid gland (known as primary hypothyroidism), warn doctors in an editorial published on bmj.com today.

Hypothyroidism is caused by insufficient production of thyroid hormone by the thyroid gland. It affects about three per cent of the population and is usually treated in [primary care](#). Blood tests are essential in confirming the [diagnosis](#) of hypothyroidism.

But doctors at the British Thyroid Association are concerned that, in recent years, increasing numbers of patients with and without confirmed thyroid disease have been diagnosed and treated inappropriately with thyroid hormones.

"This is potentially an enormous problem, given that in any one year one in four people in the United Kingdom have their thyroid function checked," they warn.

The Royal College of Physicians recently set out clear guidance for the diagnosis and treatment of primary hypothyroidism in the United Kingdom, so why have these problems arisen, ask the authors?

Hypothyroidism is common and is becoming more prevalent because of increased life expectancy and an ageing population, they explain. Thyroid hormones also affect most organs, so hypothyroidism presents

with symptoms that can mimic other conditions. This can lead to an incorrect diagnosis which could expose some patients to the harmful effects of excess thyroid hormones, while other serious conditions may go undiagnosed.

Information available on the internet and media interest in alternative modes of diagnosis and treatment of hypothyroidism, have also caused an increase in requests for inappropriate investigations and non-standard treatments, as well as referrals to non-accredited practitioners, they add.

These factors have led to a rise in awareness and confusion about hypothyroidism, and they have increased the workload in primary care.

The authors stress that, in most cases, the management of primary hypothyroidism is straightforward and should be undertaken in primary care.

But they suggest that if wellbeing is not restored despite normal concentrations of thyroid stimulating hormone, it is important to exclude other conditions as the cause of ongoing symptoms. If no obvious cause is found the patient should be referred to an accredited hospital endocrinologist or general physician.

Source: British Medical Journal ([news](#) : [web](#))

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